

OIL CONSERVATION COMMISSION
REGULATIONS FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old C-104 and C-1
Effective 1-1-65

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Teal Petroleum Company
Address
405 Walls Towers East - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain)
If change of ownership give name and address of previous owner Amini Oil Company - 405 Wall Towers East - Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pennzoil State	Well No. 2	Pool Name, Including Formation Vacuum Abo, North	Kind of Lease State, Federal or Free State	Lease No. K-5275
Location Unit Letter L ; 460 Feet From The West Line of 1780 Feet From The South Line of Section 36 Township 16-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900- Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 36	Range 16-S	Line 34-E	Is well actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Deep Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Well Depth		P.S.D.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Estimated Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Gals.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wanda Walker
(Signature)

Agent

(Title)

October 12, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1974

BY _____
Orig. Signed by
Joe D. Ramey
Dist. I, Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.